

APPOINTMENT OF TREASURER OR CANDIDATE COMMITTEE FORM FOR CANDIDATE FOR LOCAL OFFICE

This is an (Check one) Initial Appointment Amended Statement

CANDIDATE
(Please Type or Print)

Name	Keynan Wright		
Mailing Address	615 W Commercial Ave		
City	County	Zip Code	
Sedgwick	Harvey	67135	
Telephone	Email		
316-737-7444	Keynan.Wright@gmail.com		
Office Sought	District No.		
City Council member			

TREASURER

Date Appointed			
Name	Keynan Wright		
Mailing Address	615 W Commercial Ave		
City	County	Zip Code	
Sedgwick	Harvey	67135	
Telephone	Email		
316-737-7444	Keynan.Wright@gmail.com		

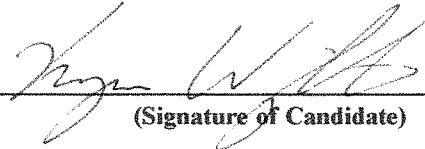
OR CANDIDATE COMMITTEE

Date Appointed			
Chairperson's Name			
Mailing Address			
City	County	Zip Code	
Telephone	Email		
Treasurer's Name			
Mailing Address			
City	County	Zip Code	
Telephone	Email		

SIGNATURE

"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

05-29-25
(Date)


(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

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